



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Noboru SHIBATA, et al.

Serial No: 10/676,313

Filed: September 30, 2003

For: SEMICONDUCTOR MEMORY DEVICE FOR  
STORING MULTIVALUED DATA

Art Unit: Not Assigned

Examiner: Not Assigned

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on  
November 7, 2003

Date of Deposit  
Anthony J. Orlor Reg. No. 41,232

Name *Anthony J. Orlor* 11/07/03  
Signature Date

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
- ☐ A certified copy of \_\_Patent Application No. \_\_ filed \_\_ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
- ☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	22	-	20**	2	LG=\$18 SM=\$9	\$18	\$ 36
INDEPENDENT CLAIMS FEE	4	-	3***	1	LG=\$86 SM=\$43	\$86	\$ 86
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145		\$ 0
TOTAL							\$ 122

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ -0- to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ -0- to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON, L.L.P.

By: *Anthony J. Orlor*

Anthony J. Orlor  
Registration No. 41,232  
Attorney for Applicant(s)

Date: November 7, 2003

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Appl. No.10/676,313  
Preliminary Amdt. Dated November 7, 2003

Attorney Docket No. 81790.0301  
Customer No.: 26021

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**PRELIMINARY AMENDMENT**

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Name

Signature

11/07/03

Date

Prior to the examination of the above-identified patent application, please amend the application as follows:

**Amendments** to the Claims are reflected in the Listing Of Claims, which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.